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CONFIRMATION NO. 7993

SERIAL NUMBER 10/789,489	FILING OR 371(c) DATE 02/26/2004 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. ALZ5015 R1
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/451,362 02/28/2003 and claims benefit of 60/524,176 11/21/2003 *
 (*)Data provided by applicant is not consistent with PTO records. *[Handwritten mark]*

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/18/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

27777

TITLE

Method to reduce liposome-induced complement activation

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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